

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VINW		09.25.01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	KQ	705	10/30/01

RESPONSE _____ CK _____ 1109 _____ 2-20-02.

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

Best Available Copy